CI			A FUL				LISHMENT IN		Date	1000	\mathcal{A}_{v}	
CITY OF TITUSVILLE DEPARTMENT OF HEALTH				No. of Risk Factor/Interventions Violations No. of Repeat Risk Factor/Intervention/Violations				Moladons	Current	10/23	+	
								*	Expiration 10/4/2017			
Establishment Location McKinney Commons Brow					St.			Pho		-4466		
cens						Inspe	ection Est Type	Ris	k Category			
ermi	ن ایشا	l O'Brien			<i>></i> /		ow-up FS (RS)		~~~~~	dium Lov	٧	
		FOODBORNE ILLNESS	RISK F	ACTO	DRS	AND	PUBLIC HEALTH	NTERVENTIC	NS			
		ted compliance status (IN, OUT, N/O, N/						Mark "X" in appr				
IN	•	OUT = not in compliance N/O = not of Compliance Status	observed	COS	AL ≔ ⊓o R	ot app		rected on-site dui		R = repeat vic	cos	<u>ا</u> ا
		Demonstration of Knowledge						•		nerature		
_	Certification by accredited program			Potentially Hazardous Food Time/Ter 16 IN OUT N/A N/O Proper cooking time & tempera						Ī		
1	IN OUT	compliance with Code, or correct respon	nses			17	IN OUT N/A N/O	1	g proc for hot ho			L
	THE OUT	Employee Health				18	IN OUT N/A N/O		time & temperati			ļ
3	IN OUT	Management awareness; policy present Proper use of reporting, restriction & ex				19 20	IN OUT N/A N/O IN OUT N/A	 	ing temperature ding temperature			╁
		Good Hygienic Practices				21	IN OUT N/A N/O	 	rking & disposition			T
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco	-			22	IN OUT N/A N/O	Time as public l	health control; p	roc & rec		
5	IN OUT N/O	No discharge from eyes, nose, and mou eventing Contamination by Hands	uth					Concurrer	duicosu			
_						22	IN OUT N/A	Consumer advis	sory provided for	raw or		
6	IN OUT N/O	Hands clean & properly washed	_			23	IN OUT N/A	undercooked fo	ods			
7	IN OUT N/A N/O	No bare hand contact with RTE foods o approved alternate method properly fol					High	ıly Susceptibl	e Population	S		
8	IN OUT	Adequate handwashing facilities supplied & accessible	3.			24	IN OUT N/A	Pasteurized foo- not offered	ds used; prohibit	ted foods		
		Approved Sources						Chemi	cal			
9	IN OUT	Food obtained from approved source				25	IN OUT N/A		ipproved & propei	•		
10	IN OUT N/A N/O	Food received at proper temperature				26	IN OUT N/A	Toxic substances used	properly identifie	d, stored &		
11	IN OUT	Food in good condition, safe & unadulte					Conform	ance with App				-
12	IN OUT N/A N/O	Required records available: shelf stock to parasite destruction	tags,			27	IN OUT N/A	Compliance with process, & HAC	h variance, speci CP plan	alized		
	i	Protection from contamination										_
	IN OUT N/A	Food separated & protected	zed .				k factors are improper		edures identified			
14	IN OUT N/A	Food separated & protected Food-contact surfaces: cleaned & saniti Proper disposition of returned, previous					ntributing factors of foc		edures identified injury. Public He	alth Intervent		
14	'	Food separated & protected Food-contact surfaces: cleaned & saniti	ily		-	CO	ntributing factors of foo control meas	dborne illness or	edures identified injury. Public He	alth Intervent		
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	F00	DESTABLISHMENT	INSPECTION R GREASE TRAP IN								
CITY OF TITUSVI	IIF		STALLED No	Date	10123117						
DEPARTMENT OF		Yes No			Date						
Establishment		Address/City/State/Zip Code			Phone						
McKinney Con	ımons	Brown St.	827-4466								
TEMPERATURE OBSERVATIONS											
Item/Location	Temp	Item/Location	Temp	Item/Loc	ation	Temp					
Soup 169		HOTHOLD									
52. 4	37	1,), (V=,)									
Fred - 3		WAIL III									
Hecon - 5											
FEC	UU										
	<u> </u>										
		OBSERVATIONS AND CO	ORRECTIVE ACTIONS	5		*					
Thomas											
Item Violati		ust be corrected within the t		s stated in secti	ons 8-405.1	1 of the food code.					
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Person in Charge (Signature) Date: (0/23/2017											
	Onnoon	<u></u>									
Taranaha (C)	ACCEPTANCE OF THE PARTY OF THE	U V	•		p., 16	רו וצרוכ					
Inspector (Signature) _		-			Date: 1	~ <u> 23 1 </u>					